AND 0 6 2004 Application Number 10/713,546

Filing Date November 14, 2003

First Named Inventor Hans E.J. Hofland

Art Unit 1615

Examiner Name

Tota	Number of P	ages in This Submission		Attorney Docket Number	020681-001710US			
			ENCL	LOSURES (Check all that a	pply)			
	Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53			Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addres Terminal Disclaimer Request for Refund CD, Number of CD(s) rks The Commissioner is aut Account 20-1430.	Af to Ap of Ap	Technoloppeal Cor Appeals Cor Appeal Cor Appeal Noting Proprietary actus Lett ther Encle entify bellon; Retu	osure(s) (please ow): rn Postcard	
		SIGNA	TURE O	OF APPLICANT, ATTORNE	Y. OR AGEN	T		
Firm or Individu Signatu Date	ual name	Townsend and Towns Joseph R. Snyder August 2, 2004		Crew LLP	No. 39,381			
		C	ERTIFIC	CATE OF TRANSMISSION/	MAILING			
I heret	by certify that pe addresse	t this correspondence is be d to: Commissioner for Pa	eing deposi tents, P.O.	ited with the United States Postal S . Box 1450, Alexandria, VA 22313-1	ervice with suffic 450 on the date	cient post shown b	age as first class mail in an elow.	
Typed	or printed n	ame Judith Cothan	n					
Signat	ure	Justile	Citt	3		Date	August 2, 2004	

FEE TRANSMET, **Application Number** for FY 2004 Filing Date First Named Inventor

Complete if Known 10/713,546 November 14, 2003 Effective 10/01/2003. Patent fees are subject to annual revision. Applicant claims small entity status. See 37 CFR 1.27 **Examiner Name** 1615 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 020681-001710US Attorney Docket No.

METHOD OF PAYMENT (check all that apply)							FEE CALCULATION (continued)					
Ch	eck		dit Card		ey Order Other	None	3. ADD	ITIONAL I	EES			
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Accou Numb		4	20-14	30			1051	130	2051	65	Surcharge - late filing fee or oath	65
Depos	eit						1052	50	2052	25	Surcharge - late provisional filing cover sheet.	fee or
Accou		Τo	wnsen	d and Tov	vnsend and Crev	v LLP	1053	130	1053	130	Non-English specification	
Name							1812	2,520	1812	2,520	For filing a request for reexaminate	tion
The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments						1804	920*	1804	920*	Requesting publication of SIR price Examiner action	or to	
Charge any additional fee(s) or any underpayment of fee(s)						1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	er	
Charge fee(s) indicated below, except for the filing fee						1251	110	2251	55	Extension for reply within first mo	nth	
to the above-identified deposit account. FEE CALCULATION						1252	420	2252	210	Extension for reply within second	month	
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	770	2001	385	Utility filio	ng fee	385	1401	330	2401	165	Notice of Appeal	
1002	340	2002	170	Design fi	iling fee		1402	330	2402	165	Filing a brief in support of an appe	eal
1003	530	2003	265	Plant filir	ng fee		1403	290	2403	145	Request for oral hearing	
	770 160	2004 2005	385 80	Reissue Provisior	filing fee nal filing fee	-	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
		•			,		1452	110	2452	55	Petition to revive – unavoidable	
SUBTOTAL (1) (\$)385						1453	1,330	2453	665	Petition to revive - unintentional		
2. EX	TRA (CLAIM	FEES	FOR UTIL	ITY AND REISS	SUE	1501	1,330	2501	665	Utility issue fee (or reissue)	
					Fee from		1502	480	2502	240	Design issue fee	
			. E	xtra Claims	below	Fee Paid	1503	640	2503	320	Plant issue fee	
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Code	(\$)	Cod	•	•)	Fee Description		1809	770	2809	385	Filing a submission after final reje (37 CFR § 1.129(a))	ection
1202	18		202		Claims in excess of		1810	770	2810	385	For each additional invention to b	e 🗀
1201 1203	86 290				Independent claims Multiple dependent (1.0.0	,,,	20.0	000	examined (37 CFR § 1.129(b))	
1203	86	i			** Reissue independ over original pater	ent claims	1801	770	2801	385	Request for Continued Examinati (RCE)	on
1205	18	22	205	9	** Reissue claims in and over original	excess of 20	1802	900	1802	900	Request for expedited examination of a design application	on
		•	_	UDTOT#:			Other fo	ee (specify	·)			
SUBTOTAL (2) (\$)0 **or number previously paid, if greater; For Reissues, see above						Other fee (specify)						
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SUBMITTED BY			omplete (if applicable)			
Name (Print/Type)	Joseph R. Snyder	Registration No. (Attorney/Agent)	39,381	Telephone	925-472-5000	
Signature	Jan.			Date		

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